

MART Registration Form: 978-345-7711 extension 3

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

All seniors who want to use MART transportation need to  
register at the Fitchburg Senior Center.

Special accommodations:

Do you use a wheelchair? \_\_\_\_\_

Do you need a lift van? \_\_\_\_\_

Will you have a companion rider? \_\_\_\_\_ (Companion rider rides free)